

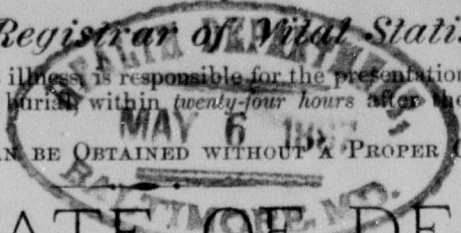
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 99652 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Ann Miles

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give Street and Number. } 427 St Mary St

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, May 7 - 1887

Undertaker, M. Madden J. B. Atkinson M. D. Medical Attendant.

Place of Business, 46 East St Address, 105 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99653*

Office of Registrar of Vital Statistics.

Ward *5th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 5th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Etta Mingo*

Sex, Male or Female, { Cross out the word not required in this line. } *F*

Age, *3* Years, _____ Months, _____ Days.

Color, *C.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *S.*

Occupation, *none*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *11 Hager's Ct.*

Cause of Death, { First (Primary), Second (Immediate), } *Hemorrhage from Bowel, Anaemia*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial *Laurel Cem*

Date of Burial, *May 6 - 1887*

{ Undertaker, *W. W. Madden* } *H. P. Remond* M. D. Medical Attendant.

{ Place of Business, *76 E. on* } Address, *722 Annapolis St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 909654 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James M. Parrell
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 62 Years, _____ Months, _____ Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 1034 E. Chappel St.

Cause of Death, { First (Primary), Second (Immediate). } Apoplexy

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 4th 1887

Undertaker, Wm. Nicolau M. D.

Place of Business, 1715 E. Chappel St. Address, 111 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99653 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Green

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 808 Potomac St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery
Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 6th 87

{ Undertaker, G. J. France } J. H. Martin M. D.

Medical Attendant.

{ Place of Business, B. Jones & Wolfe } Address, 910 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99656 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand Franz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 1921 Faymount Ave.

Cause of Death, { First (Primary), Second (Immediate), } He was sick when I arrived, and from what I learned, I presume he died of paralysis of heart.
as he had just complained of pain in it.

Duration of Last Sickness, only a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cmn.

Date of Burial, May 7th 87

Undertaker, G. Prana E. P. Jones M. D.

Place of Business, Bank St Wolf St Address, 1835 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99654 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Laura & John Patterson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 15 Minutes Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 904 Little Pine St ✓

Cause of Death, { First (Primary), Second (Immediate), } Apothemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, May 6th 1886

{ Undertaker, George E Brown } James H. Henry M. D.

{ Place of Business, } Address, Croft St & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. B. Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99658 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Jeannette Likes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days.

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. }

567 Doephin st

Cause of Death, { First (Primary), Second (Immediate), }

Tuberculosis of Lungs

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cema

Date of Burial, May 7

{ Undertaker, C. H. Blyden

A. W. Wister

M. D.

Medical Attendant.

{ Place of Business, 135 Pen ave

Address, 412 W Riddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99639 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Perkinson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 Years, - Months, - Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Coal dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give Street and Number. } 1042 Banne

Cause of Death, { First (Primary), Second (Immediate), } Valvular disease of the Heart

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 7th 1887

Undertaker, Wm Cadogan Edw S. Nicholson M. D.

Medical Attendant.

Place of Business, 227 Mulberry St Address, 707 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99660 Office of DEPARTMENT OF HEALTH Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 87

Full Name of Deceased, Harry M. Harrison { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brake

Birth Place, 31 north { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 332 Waver St

Place of Death, Quarantine { Give Street and Number. }

Cause of Death, Apoplexy { First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ceter Hill bene

Date of Burial, May 7th 1887 Rest & Elm M. D.

Undertaker, Julius Kochler Medical Attendant.

Place of Business, Sharp & Cross Address, 813 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99661 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William B. Joyner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 74 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Marine Engineer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ma

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 155 O. N. Montgomery &

Cause of Death, { First (Primary), Second (Immediate), } Hemiplegia
Paralysis of Heart

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 8th 1887

Undertaker, Charles Hengeman

Place of Business, 715 Light Address, 307 Warren St

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]